

<p>SUPERIOR COURT OF SAN LUIS OBISPO COUNTY</p> <p><input type="checkbox"/> San Luis Obispo Branch, 1035 Palm Street, Rm 385, San Luis Obispo, CA 93408</p> <p><input type="checkbox"/> Grover Beach Branch, 214 South 16th Street, Grover Beach, CA 93433</p> <p><input type="checkbox"/> Paso Robles Branch, 549 10th Street, Paso Robles, CA 93446</p> <p>www.slocourts.net</p>	FOR COURT USE ONLY
PLAINTIFF/PETITIONER: _____ <div style="text-align: center;">VS.</div>	
DEFENDANT/RESPONDENT: _____	
REQUEST FOR DUPLICATE ELECTRONIC RECORDING	CASE NO: _____

A defective duplicate electronic recording will be replaced or refunded. Refund requests due to incompatibility of format with your equipment will not be honored. **Cost: \$10.00 per tape or CD:**

Requested by: Name _____

Address _____

Telephone _____

Where Recorded? Branch ☐ San Luis Obispo ☐ Grover Beach ☐ Paso Robles

Courtroom Department: _____

When Recorded? Date _____

COURT USE ONLY

Date of Recording _____

Tape/CD numbers _____

Number of tapes/CD's @ \$10 each _____ Total: \$ _____

☐ CASH

☐ VOUCHER

☐ CHECK NUMBER _____
 RECEIPT NUMBER _____

Pickup location ☐ San Luis Obispo ☐ Grover Beach ☐ Paso Robles

Room: _____

Date _____ By: _____

DEPUTY CLERK

ACKNOWLEDGMENT

I hereby acknowledge receipt of the electronic recording(s) in the above-entitled action:

DATE	SIGNATURE OF DECLARANT
	PRINT NAME